Minutes of the
Tobacco Education and Research Oversight Committee (TEROC)

Meeting on November 14, 2006
Oakland Airport Hilton
One Hegenberger Road
Oakland, CA

MEMBERS PRESENT:

Bruce Allen, Lourdes Baézconde-Garbanati, Theresa Boschert, Alan Henderson, Susanne Hildebrand-Zanki, Kirk Kleinschmidt, Rod Lew, Dorothy Rice, Deborah Sanchez, and Peggy Uyeda

MEMBERS ABSENT:

Stella Aguinaga Bialous, Ron Arias, and Gregory Franklin

OTHERS IN ATTENDANCE:

Angela Amarillas, California Healthy Kids Resource Center
Rosa Barahona, Hispanic/Latino Tobacco Education Partnership
Francisco Buchting, Coalition of Lavender Americans on Smoking and Health (CLASH)
Leonard M. Casey, CLASH/Americans for Nonsmokers' Rights (ANR)
David Cowling, Chief, Evaluation Unit, Tobacco Control Section (TCS), California Department of Health Services (CDHS)
Julian Davis, Assemblyman Mark Leno's Office
Edgar Ednacot, Asian American and Pacific Islanders Partnership (AAPI)
Larry Gruder, Tobacco Related Disease Research Program, University of California (UC)
Tonia Hagaman, Chief, Local Programs and Special Projects Unit, TCS, CDHS
Cynthia Hallett, ANR
Carlene Henriques, Sacramento Local Lead Agency
Miki Hong, UC San Francisco Center for Tobacco Control Research and Education
Mhel Kavanaugh-Lynch, Gay and Lesbian Medical Association (GLMA)
Randy Kirkendall, Tobacco Education Clearinghouse of California/ETR Associates (TECC/ETR)
Kate MacGregor, CARB
Carol McGruder, BlacksFor86.org
Jamie Morgan, American Heart Association
Greg Oliva, Chief, Strategic Planning and Policy Unit, TCS, CDHS
Immauri Patterson, African American Tobacco Education Partnership
Cecilia Portugal, University of Southern California (USC) Hispanic/Latino Tobacco Education Partnership
Steven Rickards, CLASH
April Roeseler, Chief, Local Programs and Evaluation, TCS, CDHS
Robin Salsburg, Technical Assistance Legal Center
Robin Shimizu, Assistant Chief, TCS, CDHS
Gloria Soliz, CLASH/The Last Drag
Colleen Stevens, Chief, Media Unit, TCS, CDHS
Greg Wolfe, California Department of Education
Deborah Wood, California Healthy Kids Resource Center

1. WELCOME, INTRODUCTIONS, AND OPENING COMMENTS

Tobacco Education and Research Oversight Committee (TEROC) Chairperson Kirk Kleinschmidt called the meeting to order at 10:31 a.m. Each of the Committee members introduced themselves. Members of the audience also introduced themselves and identified their affiliations.

2. APPROVAL OF MINUTES, REVIEW OF CORRESPONDENCE, AND ANNOUNCEMENTS

The minutes of the September 12, 2006, TEROC meeting were unanimously approved with one edit. The meeting date was inaccurately listed as November 14, 2006. The Chairperson discussed the incoming and outgoing correspondence found in member packets. A letter to the Regents of the University of California was attached and will be discussed in environmental developments. Additionally, a letter of support for Senate Bill (SB) 1208 was included, which will be covered in the Legislative Update by Jamie Morgan. Finally, thank you letters to each of the September meeting speakers and to Kathony Jerauld were attached.

The Chairperson stated that an additional letter was emailed the previous night to Greg Oliva from the Gay and Lesbian Medical Association (GLMA). A copy of the letter will be provided in the next meeting's correspondence package. The letter states that the California Smoker's Helpline (CSH) does not routinely ask callers seeking assistance if they are Lesbian, Gay, Bisexual, or Transgender (LGBT) even though the collection of this data could significantly improve the quality of this service. Helplines in Kansas, New Mexico, Pennsylvania, and Arizona already ask this question, and Helplines in Idaho, Oregon, Minnesota, and Delaware are moving to adopt the question. GLMA urges the CSH to move as quickly as possible to bring its smoking cessation assistance services to LGBT individuals to a standard equal to that afforded other Californians. The letter was signed by Joel Ginsberg, Executive Director, GLMA. The Chairperson asked if there were any additional comments.

Steven Rickards introduced himself as the President of CLASH (Coalition of Lavender Americans on Smoking and Health). He stated that CLASH has been in existence since 1991. Our primary focus is to raise the issue of tobacco concerns to the LGBT communities in California and around the country. Our issues are around health concerns in our communities and disparities. CLASH membership has authored publications concerning tobacco and our community, offered technical assistance to organizations, and served on a number of advisory boards in California and nationally. Mr. Rickards stated that there are several people here today who have worked for a number of years in the tobacco control field, and they have strong opinions based on their experience in this field on this issue. It is an opportunity for TEROC membership to hear briefly from the public that are directly affected by this research effort underway by CSH. Mr. Rickards also stated that all TEROC members should have received fax copies of the GLMA letter.

Mr. Rickards made two statements regarding the inclusion of the sexual orientation question:

1) The question during the CSH intake process is about providing service to the LGBT community and not a Tobacco Control Section (TCS) research opportunity.
2) The question is "short and sweet," has been developed, tested, and used in other states. The question is, "Which of the following best describes how you think of yourself:

Heterosexual or straight? Gay? Lesbian? Bisexual? Other? Or don't answer." It gives a number of response options. It is currently being used in Pennsylvania, Kansas, New Mexico, Arizona, Iowa, and Minnesota. It is being considered in a number of other states across the country.

CLASH has been attempting to address this minimum standard of care with CSH for a number of years:

- Directly with the CSH staff for the last several years on a number of occasions.
- At the first LGBT Tobacco Control and Research Summit held in conjunction with the 2002 National Conference on Tobacco OR Health where TCS was present.
- On July 19, 2004, at a TEROC meeting, where the minutes reflect an action item that states that CSH should be encouraged to ask this question in California.
- CLASH sent a letter to TCS on October 18, 2005, to ask and request that a single question be added to improve services to the LGBT population.
- CLASH, having seen no action, requested a face-to-face meeting with TCS that took place on October 16, 2006.

Mr. Rickards stated that CLASH was here today because that meeting brought no resolution or movement regarding our concerns about services to the LGBT community in California.

Mr. Rickards stated that in short, CLASH is asking TEROC today to:

1) Recommend to TCS that CSH begin to provide a minimum standard of care to the LGBT community by adding one sexual orientation question during its intake.
2) Stop the randomized control trial (RCT) and replace it with a standard pre- and post-program evaluation that is the norm in our business.

Mr. Rickards stated that this is the right thing to do, the ethical thing to do, the moral thing to do. He asked for TEROC's consideration.

Mr. Rickards introduced Dr. Francisco Buchting. Dr. Buchting stated he was representing CLASH and would be as brief as possible and talk about two things. First, the minimum standard of care that Mr. Rickards was referring to, and second, the RCT that is taking place. He started with the minimum standard of care. An Institute of Medicine Report that came out several years ago said in the United States when a person seeks health services, you receive a different type of care if you are from an ethnic or racial minority. This happens with the LGBT population and is documented in the research literature. It makes this community wary, so sometimes they do not disclose their sexual orientation. Imagine that every time you go and see your health care provider you are not fully truthful because you are not sure how the information will be used against you. There is case law in San Diego where lesbians have tried to access fertility services and have been denied the services. It is the reality for LGBT people. In searching for health services, LGBT people look for certain signals from providers. Are they competent, and do they understand our issues? For tobacco, we know there are specific triggers for relapse that are associated with the LGBT community, and it is important to know if someone is from that community to identify the triggers. By providing the minimum standard of care and adding the question, it communicates a signal to the LGBT caller that CSH is a safe place to talk, the staff are comfortable in addressing LGBT issues and can help them quit and stay quit, the staff are informed about specific environmental triggers in the LGBT community, and CSH is a

valuable resource in the LGBT community and can be referred to. Given that smoking may take five to seven quit attempts to be successful, why should we not maximize every effort when someone is trying to quit? Dr. Buchting stated as a licensed psychologist in the state of California, it is difficult for him to understand why a provider would not want to maximize right away all of the things they can to help someone quit. The minimum standard of care is to ask the sexual orientation question.

Dr. Buchting then addressed the RCT and stated that it was egregious and alarming. CLASH agrees that there should be an evaluation with a pre- and post-test to help determine the impact of the program and make possible changes. But why an RCT where there is a minimum standard of care? For the Latino community, the minimum standard of care is to provide bilingual services. Imagine the CSH randomizing people to an English only line if you are Latino or an English optional bilingual line. Dr. Buchting was pretty sure that the Latino community and TEROC would have a lot to say about that. So, why is it OK for LGBT callers to be randomized this way? And, once the RCT is completed, there is no guarantee that the service will be made. TCS has told us that is possible. CLASH does collaborate with others on RCTs, and we support RCTs, but we prefer that users know they are being referred to RCTs.

In closing, Dr. Buchting stated that providing a minimum standard of care for the LGBT community by adding the sexual orientation question is the right thing to do, the ethical thing to do, and the moral thing to do.

Cynthia Hallett introduced herself as the Executive Director of Americans for Nonsmokers Rights (ANR) and discussed what is happening nationally. ANR supports the development of smoke-free laws, and they know that smoke-free laws drive people to seek cessation services. She spoke with the North American Quitline Consortium (Consortium) about what is going on with other states. According to the Consortium, 15 states are asking a question about sexual orientation either on quitline intake, CSH satisfaction, Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Factor Survey (YRFS), as well as the Adult Tobacco Survey (Please note: only four states currently ask the question). So in some respects, California is falling behind if they do not ask this one question that is being requested by CLASH. She wondered what would be the refusal rate for asking this question. The Consortium found that in the states that ask the question, the refusal rate ranges from 1.9 – 2.9 percent. This compares favorably to New Mexico when they ask for income, which yields approximately a 6.9 percent refusal rate. From the national perspective, we should encourage the state of California to ask this question with their CSH intake and with other surveys. The LGBT population is a disparate one in California and nationally, being marketed to by the tobacco industry specifically because they are marginalized, and the tobacco companies see this as an opportunity to make more money. The tobacco industry was just found guilty of racketeering for 50 years of defrauding the American public; we should not allow them to just do research without doing our own also and to improve our programs in this community. California needs to regain its leadership role and seriously consider this issue. She thanked the Committee for its time.

Mhel Kavanaugh-Lynch introduced herself as a member of GLMA. She stated that she did not want to repeat everyone else, but urged the California Department of Health Services (CDHS) to include this question during intake. There are very well established, incredibly high smoking rates in the LGBT population and we need to get services to that community. Some people might say if we have services then what is the problem. She stated that it is

documented in surveys that LGBT persons will avoid services due to homophobia. We can combat it by demonstrating that there is not homophobia by asking the question in a fair and non-discriminatory fashion through CSH to ensure to the LGBT population that they care about the population to help them quit smoking and provide access to services to help them. There is a fair amount of research that indicates the reasons for continuing to smoke for the LGBT community and the milieu may be different than with other populations. She urged CDHS to stop dilly dallying and start providing the needed services.

The Chairperson asked if TCS would like to discuss the issue now. Bruce Allen stated he would like for them to, while the issue is still fresh.

April Roeseler, TCS, stated that last October, after receiving a letter from CLASH, TCS pulled together a meeting to discuss the issue with its Media, Local Programs, and Evaluation Units to figure out what the problem was. We also spoke with the LBGT Partnership, contacted the states that use the sexual orientation question, and the CSH staff. Ms. Roeseler wanted to clarify that the Adult Tobacco Survey already has this question. CSH asks this question in evaluating its services, but not on intake. In terms of the evaluation already completed, and presented on at the 2005 National Conference on Tobacco OR Health, CSH interviewed 1,700 participants and looked at sexual orientation and found that there was no difference in quit rates among groups and there was no significant difference in satisfaction. Additionally, CSH compared the proportion of LGBT population calling CSH to be proportionate to LGBT smokers in the California population, roughly five percent. The CSH staff tells us that they have a high quality service that was achieving quit rates similar regardless of sexual orientation and that they were serving LGBT in proportion to the number of LGBT smokers in the state. CSH's concern with adding the question is that when somebody calls, they want services. CSH wants to minimize the intake questions to get them into counseling as soon as possible. There are already questions on age, race, and insurance. When smokers get too many questions they get inpatient. CSH counselors received training from the LGBT Partnership to learn how to bring up questions on sexual orientation during counseling, rather than during intake. We considered what CLASH had told us, what we were hearing from constituency groups, and what the CSH staff told us, and they are very credible people, who have written a lot of literature on cessation and on operating helplines. There was disagreement. So what we worked out with the CSH staff was to conduct a randomized study where 18,000 callers would be randomized into two groups: one would get the sexual orientation question and one would not. At six month follow-up, they would ask the following questions: the rate of choosing counseling; the rate of making a serious quit attempt; quit rates; satisfaction with the services received; refusal rate; termination of phone calls and complaints; and, a qualitative look at counselors to determine whether having the question on intake facilitated or improved services. The study was not supposed to start until 2007, but CSH ran into a problem with a nicotine replacement therapy study, so they are conducting the sexual orientation question study now. They have almost completed collecting the data on the 18,000 callers. They have not yet gotten to the six-month follow-up. Ms. Roeseler stated that TCS did communicate with CLASH that yes indeed, we would review the evidence before making a final decision as to whether the question would be added permanently.

The Chairperson asked if there was any issue about the contract with CSH to conduct this study. Ms. Roeseler said that we were negotiating a new contract, and we added this study into the contract. The Chairperson asked if CSH pushed back on adding the question at that time. Ms. Roeseler stated that we conducted a problem-solving process where we received input from constituency groups, including the LGBT constituency groups. We

talked to the CSH staff too, and they did not just want to add the question as I had indicated that their evaluation did not indicate any difference in quit rates or satisfaction of services based on sexual orientation, and the proportion of LGBT callers are similar to the amount of LGBT smokers in California. CSH prefers to bring up issues of sexual orientation during counseling and not to frontload it during the intake process. The Chairperson asked if the LGBT constituency groups thought this was a good course of action. Ms. Roeseler stated that CLASH and the LGBT Partnership spoke very passionately that they wanted to see the question added to the intake, but that there was not consensus among the groups.

Susanne Hildebrand-Zanki stated that if the evaluation indicates no need for the question, then why conduct the RCT. Ms. Roeseler stated that CLASH had criticized the evaluation, so the study was a way to address the question more thoroughly and also get some qualitative information from the counselors on their perception of whether the question enhances the provision of services. Dr. Hildebrand-Zanki asked if there had been Independent Review Board (IRB) approval for RCT. Ms. Roeseler stated that there had been.

Lourdes Baézconde-Garbanati asked if there was any preliminary data. Ms. Roeseler stated no, that the data had just been collected and it was collected in both English and Spanish. Dr. Baézconde-Garbanati then asked if the intake questions direct people to different services. Ms. Roeseler stated that the intake questions collect basic demographic questions and counselors determine if the smoker wants self-help resources, local cessation services, or counseling. Dr. Baézconde-Garbanati asked why not ask the sexual orientation question as part of the intake demographic collection so that callers could be put into the right type of counseling? Ms. Roeseler stated that counselors engage those issues during counseling, why they smoke, triggers, etc. CSH feels they deliver these services to this population very well and they want to reduce the number of intake questions to get smokers into needed services more quickly. Dr. Baézconde-Garbanati asked how you would determine that service if you don't know the callers' sexual orientation. Ms. Roeseler stated that the service is counseling, self-help materials, or a referral to a local cessation program. Once the smoker goes into counseling, the CSH tailors the counseling to the person instead of their race, age, or sexual orientation. Dr. Hildebrand-Zanki asked if race and age are already asked at intake, she could not see why sexual orientation is not asked too. She cannot believe that one extra question would make that much of a difference. CSH could drop income questions instead. Ms. Roeseler stated that CSH does not ask income, but asks instead whether the caller has health insurance. Dr. Hildebrand-Zanki asked that the questions perhaps be prioritized. Alan Henderson asked if the referrals to local services are designed to meet the cultural/ethnic needs of smokers. Ms. Roeseler stated that the CSH lists service providers in a community from what TCS funds and also other groups that provide direct cessation services, for example, hospitals.

Rod Lew asked if the sexual orientation question helped to enhance services and is that the only reason to ask the question. It should not be any more difficult to ask this question as part of the intake. Asking the question is an opportunity to assess needs within a community and to address parity in communities.

Theresa Boschert asked whether CSH conducted RCTs on the other intake questions to prove their value in enhancing their services. Ms. Roeseler stated no.

Gloria Solis, from CLASH and the facilitator of The Last Drag added that asking staff members from the LGBT Partnership and CSH is highly irregular. If the funder is asking the

question, then it puts staff in a bind to be frank on an issue, and it is inappropriate. Secondly, when she asks people from The Last Drag if they call CSH, they say it is worthless. There is a higher rate of quitting in Last Drag programs, and she would imagine that the LGBT Partnership has a higher rate of quitting when culturally appropriate services are provided.

Dr. Buchting stated that by leaving it up to the counselor to ask the sexual orientation question seems awkward. How do they ask the question? You should use the intake to plan your cessation services. How can you refer to services that are culturally appropriate when you do not know sexual orientation from the intake?

Robin Shimizu stated that in participating in Asian American Network for Cancer Awareness, Research, and Training (AANCART), a project funded by the National Cancer Institute, they always ask people to prove that what you are doing is efficient and effective. And that is what we are trying to do here. Why can't we proceed and find the answers and move forward. There is some basis for what CSH is trying to accomplish. Ms. Solis stated the CSH is supposed to provide services and not conduct research.

Dorothy Rice asked why you would want to end RCT when apparently it is almost finished. Ms. Roeseler stated that the intake has been completed, but the call back at six months has not occurred. It will happen in Summer 2007.

Ms. Boschert stated that the problem with RCT is that this group is singled out when no one else who receives services has been singled out. Why was RCT conducted in the first place? Why should we not ask this question, and trying to limit the number of questions is not a strong justification. This community needs this question to be asked.

Dr. Baézconde-Garbanati stated that RCT is the gold standard, but once you have information you can stop the trial and see if the benefit to the public is immediate. The cervical cancer vaccine is one example. There is a deeper question: in order for the LGBT community to have their services, they need a safe, comfortable, and competent place. We have had this question raised since 2004. We need to look at this issue; is CSH a safe place to provide these services. To me, it is simply a demographic question. The 15 states that have the question do not have a problem (Please note: only four states currently ask the question).

The Chairperson came back to the CLASH recommendation to TCS.

1) Ask the sexual orientation question as a minimum standard of care.
2) Stop the randomized controlled study and replace it with an evaluation study.

The Chairperson asked for a motion. Dr. Rice asked to separate the two recommendations.

The vote on the first motion was unanimous in support of asking the sexual orientation question.

There was discussion on the second motion of stopping RCT and replacing it with an evaluation. Dr. Hildebrand-Zanki stated concerns with obtaining IRB approval and whether callers knew they were being randomized. We need to make sure that the LGBT smokers get the standard of care at the completion of the study. CSH has done a lot of research that has made their services better today. Dr. Allen asked what happens at the end of the

research. If there is no difference, do you still implement the question during intake? We do not know what RCT will add to the knowledge base. Evaluation results already show that there is delivery of service to this population. All the study will say is that we did a study and there is a difference or no difference. However, the sexual orientation question is important in focusing on the right service.

Ms. Roeseler stated that the way the problem was framed to us was that the addition of the question would enhance the counseling environment and result in better service for the LGBT population. We framed the RCT that way and are now trying to be responsive to the criticism. We have asked for a report from CSH and their recommendations upon completion.

Dr. Baézconde-Garbanati wondered if the current evaluation needs to be modified to address the inclusion of the sexual orientation question if it is included. It would result in a quicker turn around and require fewer resources.

Dr. Henderson stated that what is at stake here is the issue of the RCT. He asked if there was a motion for the continuation of the study, or not. Dr. Allen stated confusion as to why we are studying this issue. The Chairperson stated that the key phrase is a minimum standard of care, so why are we singling this out with a certain population. Dr. Allen added that State policy and common sense say that we provide the best so why not ask the question. Why spend the resources to conduct the RCT? Dr. Hildebrand-Zanki stated that there were undoubtedly well intentioned reasons for doing the RCT, but perhaps it was overkill to do a RCT for the first motion.

Ms. Boschert stated she had previously gone along with the RCT when it was first suggested. However, now it sets a bad precedent by singling out one group. No one else requires this sort of research. What group is next? She entertained a motion to stop the RCT unless it costs more to stop it than to proceed. If the data comes out negative for the question, then will we start evaluating each demographic question?

A vote was taken on the second motion, but Dr. Allen once again raised concerns and confusion as to what would happen if the study were stopped. Ms. Roeseler stated that the data has been collected for 18,000 callers. If TCS stops the study, we will not conduct the six-month follow-up and ask all of the questions that we would have previously asked. Dr. Allen asked if the contract would need to be changed and Ms. Roeseler stated yes. He also wondered if the question would be placed on the intake. Ms. Roeseler stated that TEROC is an oversight committee and CDHS will go back and consider the first motion. She also added that the data already demonstrate that CSH is providing good service, that it is reaching the LGBT population, and that the counselors are being trained to raise issues about sexual orientation. CSH has not seen the issue the same way that CLASH has. TCS did not see it as a black and white issue and therefore decided to conduct a study. Dr. Allen stated his reluctance to stop RCT. But he wants the study to have some impact and we have already said that the question should be asked.

The member vote on the second motion was as follows:

Stop the study – Lourdes Baézconde-Garbanati, Theresa Boschert, Kirk Kleinschmidt, Rod Lew, Peggy Uyeda.

Do not stop the study – Alan Henderson, Susanne Hildebrand-Zanki, Dorothy Rice, Deborah Sanchez.

Abstain – Bruce Allen.

The motion carried 5-4. TEROC recommended eliminating RCT and replacing it with an evaluation study.

In continuing with announcements, the Chairperson stated that Bill Ruppert, a retired TCS staff person who helped take minutes at TEROC meetings, had now fully retired from his duties. Greg Oliva will be taking minutes for the time being. The Chairperson stated that TEROC will send a thank you letter to Bill for his commitment to TEROC.

3. ENVIRONMENTAL DEVELOPMENTS

The Chairperson stated that Proposition (Prop) 86 failed, but taxes passed in Arizona and South Dakota (80 and 50 cents, respectively).

Additionally, clean indoor air initiatives passed in three states – Ohio, Arizona, and Nevada. There were competing ballot measures in Ohio and Arizona from the tobacco industry.

Finally, the Regents of the University of California punted again on addressing tobacco industry contributions for research. Cruz Bustamante is now dropping the issue, and there may be no one to carry the issue forward. According to Larry Gruder, the Faculty Senate has provided input to the Regents and the issue is on the next meeting agenda for discussion.

4. LEGISLATION AND TOBACCO TAX INITIATIVE UPDATE

Jamie Morgan from the American Heart Association (AHA) provided an update on legislation. She reviewed the final outcome of bills since the last TEROC meeting. She referred to her handout.

- SB 1141 (Committee on Budget and Fiscal Review). Authorized the State to sell residual interests in California's tobacco settlement bonds. Signed by the Governor.
- Assembly Bill (AB) 1749 (Horton). Made many changes to the State's tobacco licensing law, increased the fines, and the one-time license fees for manufacturers. A question from the last meeting was if a manufacturer makes both smokeless tobacco and cigarettes, would they need two licenses. They would only need one license and their fee could be up to $10,000. Signed by the Governor.
- AB 1880 (Blakeslee). Initially intended to ban smoking in the Atascadero State Hospital but was amended to conduct a study to look at issues as how to improve patient safety and health as it relates to the presence of tobacco use at that hospital. Signed by the Governor.
- AB 2001 (Cogdill). Removed the sunset provision for the Board of Equalization (BOE) on options available to tobacco distributors and requires them to submit twice monthly payments to BOE. Signed by the Governor.
- AB 2067 (Oropeza). Prohibits smoking in common areas of covered parking lots and adds the definition of enclosed places of employment. Signed by the Governor.

- SB 1208 (Ortiz). Banned Internet sale of cigarettes. Vetoed by the Governor, as he felt this was already covered by federal law – the Jenkins Act.
- AB 397 (Koretz). Banned smoking in cars with children. Failed in the Assembly.

The Chairperson asked if there was any speculation of bringing back the Internet bill. Ms. Morgan was not sure and has not spoken with the Attorney General's office. The voluntary health organizations were very involved in Prop 86 and have not spoken about their legislative agenda for 2007.

Dr. Allen asked if the SB 1208 veto message stated that the issue was already covered by federal law. Ms. Morgan stated yes, and that sales to minors was not an issue. She added that she could forward a copy of the veto message.

Ms. Morgan then provided an update on the outcome of Prop 86. She stated that unfortunately, it did not pass to our disappointment. The campaign could not match the amount of money from the tobacco industry ($70 million). The Campaign feels good about the fight and how close we got given the resources. The tobacco industry framed the issue as a money grab for the hospitals. It lost by four points. The "Yes" side spent $15-$17 million. Dr. Allen stated that the ads were powerful in showing that only ten percent of the funds were available for tobacco control programs. He encouraged the voluntary health organizations to do another initiative in 2008 with a smaller increase and most going to tobacco. If we only lost by four points, a new tax with most money going to health would be successful. Dr. Allen asked if it was appropriate to send a letter to this effect. The Chairperson stated that it was a great idea. TEROC should acknowledge the time and effort from the voluntary health organizations first and thank them for their financial commitment. We can also remind them of the Master Plan (MP) objective and suggest in a friendly way an amount to consider with a focus on tobacco control. The Chairperson asked if there were any issue with sending such a letter. Dr. Henderson was not sure if 2008 is appropriate for another campaign. Prop 10 was in 1998, and it is now eight years later. It is very difficult to get money together to run a campaign. The voluntaries were only able to kick in about $2 million. The Chairperson agreed as they started working on this campaign when he was still with AHA. Dr. Henderson added that the tobacco industry spent $35 million against Prop 10, which was not really a tobacco-control measure. The same amount was probably spent by voluntaries. Dr. Baézconde-Garbanati asked if there was a legislative route for a tax increase. We could encourage the voluntary health organizations to push legislation, which may be a better inroad now. A member added that the Legislature is not the issue as the Governor is unlikely to sign a tax increase.

Ms. Morgan stated that member input was well taken. She does not see a tax raised in legislature as being successful. We tried in 2003. Unfortunately, a tax increase needs a two-thirds vote. It would require a coordinated effort and money. The voluntaries will come together and talk. The AHA will not retreat from raising the tax.

The Chairperson stated that TEROC will send a letter of thanks to the voluntaries and offer a suggestion in the amount of the tax.

In other election news, Ms. Boschert added that one of our members was elected to the Los Angeles Superior Court – Deborah Sanchez.

5. SCHOOL TOBACCO USE PREVENTION

Deborah Wood and Angela Amarillas from the California Healthy Kids Resource Center presented.

Ms. Wood's program is funded by the California Department of Education (CDE) and CDHS to provide peer-reviewed health education resources to California schools. In addition to tobacco, we work on nutrition, drug abuse, Human Immunodeficiency Virus/Sexually Transmitted Diseases, diabetes, epilepsy, etc. We provide a variety of resources and services through our statewide lending library. We also have school-health laws listed online. We also provide links to trainings and topics in the various school-health areas. We provide data to public and private schools, community-based organizations, universities, and after school programs. Our website has had one million hits and nine million page visits. We also provide a print catalog.

Ms. Wood stated that their library worked like amazon.com, but they do not sell their resources (they loan them) and provide free delivery. She stated that 10-15 percent of their budget is spent on tobacco issues. She demonstrated their website and stated that members had copies of the handouts. When folks come to the website and come to the library they can use the search engine to focus their search. It is more powerful than the print catalog. They can search by subject area, materials type, audio/visual materials, specific populations, parenting teens, etc. They do not recommend any one specific title or curricula, instead they review a broad set of materials and have a review board that evaluates materials and promotes and distributes the proven materials. Users choose what is best suited to student goals. Dr. Baézconde-Garbanati asked if all materials are evidence-based. Ms. Wood stated that all materials are reviewed and a smaller set are evidence-based.

Ms. Wood continued her demonstration. If we search tobacco use prevention for Hispanic/Latinos, we get 21 titles. You can click on one and it takes you to your material information page and provides different information.

Reviewers of materials are appointed for one year. They use forms that outline criteria to review the materials. Each material is reviewed by two members and staff.

The Center works on reviewing research on instructional programs in health education. They determine what makes acceptable research. If a program or curriculum is published, they can submit to the Center for inclusion in their resources. All criteria must be at least "satisfactory" to be placed in library. There is a separate research review where two researchers conduct the review.

CDE has recognized four agencies for reviewing research (the Center is one). They only review published research. The research must display positive impact on students' behavior six months post.

Ms. Wood described how the website links between materials and a training database. It indicates all currently scheduled trainings that relate to those materials/topics. It provides all information needed to know about the training. The trainings are conducted all over the state. If there is no training scheduled, one can be set up.

Ms. Wood said that folks should feel free to call us.

Mr. Lew asked what percentage of materials in Spanish and Asian/Pacific-Islander (A/PI) are in-language. Ms. Wood stated they are mostly in Spanish but some are in A/PI languages. Some programs have Spanish-language materials for parents. They always encourage publishers to translate.

David Cowling asked what software do you use for the catalog. Ms. Wood stated they used FileMaker pro and that they have two dozen interactive databases.

The Chairperson asked if they have data on Tobacco Use Prevention Education (TUPE) coordinator use. Ms. Wood stated that 100 percent of County Office of Education TUPE coordinators use the website. She is not sure about the district level. Many district staff use their TUPE coordinator to get the materials. Ms. Wood added that the Center distributes 22,000 catalogs.

Dr. Henderson stated that this is a superb service that Ms. Wood has built over the years. It is a very useful tool for teacher trainings. Ms. Wood added that many university professors use the site. Since 1973, teachers have been required to take a class in health, and some use this site to help them.

6. CALIFORNIA DEPARTMENT OF HEALTH SERVICES REPORT

Robin Shimizu provided the report.

In reviewing the first page of the report, Ms. Shimizu stated that TCS received approval to release 2006 data. The October 2, 2006 press event released the approved data. High school smoking rates increased from 13.2 percent to 15.4 percent in 2006, and there is a national trend in youth smoking increases. Additionally, the Youth Purchase Survey increased from 10.2 percent to 13.2 percent in 2006. She pointed out adult ethnic smoking rates that showed decreases among the four largest race/ethnic groups. The Chairperson asked if there was any speculation on why the youth rates increased. Dr. Cowling stated that the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Reports (MMWR) identified five things that contribute to the increase including: the real price of cigarettes has gone down, the increase of smoking in movies, and industry marketing and promotion (to name just three). Dr. Allen asked if the youth increase is statistically significant. Dr. Cowling stated yes, and that Greg Wolfe from CDE may tell us later that the California Healthy Kids Survey (CHKS), California Student Survey (CSS), and Youth Risk Behavior Survey (YRBS), and other sources also show increases in youth smoking rates. Our youth smoking rates went up a little more than they did nationally. Greg Wolfe stated that CSS did not have as large of an increase as California Student Tobacco Survey. He noted that with CSS there was a break of methodology in active to passive permission that would have predicted flattening in trends. Our trends are not as robust in the areas we want them. Dr. Cowling stated that we have same methodological change as well (active/passive), but it is not a contributing factor to the increase at first glimpse.

Ms. Shimizu proceeded with the report. She stated that Tonia Hagaman's staff are writing the 2007-2010 Comprehensive Tobacco Control Plan Guidelines for local lead agencies (LLAs), which will be released in February 2007. The guidelines will require an additional objective to address a cultural competency asset. The LLA guideline release will be accompanied by a February training.

Ms. Shimizu stated that TCS has new fact sheets that have been included in the meeting packets. They cover adult prevalence, 18-24 year-old prevalence, and pregnancy and smoking. The *Tobacco Control Update* should be completed in another month.
Dr. Baézconde-Garbanati asked that Ms. Shimizu address the cultural competency asset issue with the LLA guidelines. Ms. Shimizu stated that the LLAs will have to write an objective that focuses on cultural competency. Ms. Roeseler added that LLAs have to assess these assets and choose one to write an objective around. Ms. Hagaman added that the objective could focus on material development, creating coalition by-laws, or developing organizational practices to improve cultural competency.
Dr. Baézconde-Garbanati asked if the objective had to specifically address priority populations. Ms. Hagaman stated that TCS is asking the LLAs to look at it more in-depth and was encouraging them to address priority populations.

Ms. Shimizu stated that the October 2, 2006 press conference released the data she had already discussed and new ads. The last press conference we held was in 1996.
Dr. Baézconde-Garbanati was a spokesperson at the press conference. TCS released 15 new ads and 34 derivative works. They addressed multiple ethnic groups and were in multiple languages.

Ms. Shimizu discussed the Priority Populations and Coalitions Conference. It was an unprecedented event. We have previously held Priority Population and Coalition conferences separately, but never together. We had 350 attendees and it was a mandatory meeting for our contractors. Forty-eight Coalition members attended. The Chairperson stated that it was generous on TCS' part to fund Coalition member attendance.

Ms. Shimizu discussed two new procurements: one focusing on local tobacco control interventions for Priority Populations which is tentatively going to be released in January 2007 and will have $3.9 million to fund projects; and two, a Capacity Building Center for Diverse Populations. We will not be funding the Priority Population Partnerships (PPP) and instead be spreading the funds among these two procurements. The focus of the local procurement will be on priority populations and rural communities. TCS has decided to peel off the technical assistance and training piece of the PPP projects and centralize the technical assistance and training into one contractor. TCS believes that a centralized model will work better. Dr. Allen asked if TCS is replacing the PPPs with the local interventions.
Ms. Shimizu stated that the PPPs are invited to apply for the local intervention procurement. This procurement will not be the PPP model but instead, focus on local advocacy campaigns. Dr. Allen asked what local meant. Ms. Shimizu stated that local implied community-based organizations. Ms. Roeseler stated that we are not specifying the geographic boundary; some projects serve regional or statewide objectives. She also added that the procurement has not yet been written. Dr. Allen asked how the new model compares with the existing model of the PPPs working on a statewide basis. The African-American project is housed in Sacramento but has a statewide focus. Are you saying that an African-American group in Oakland can only apply for a project in Oakland?
Ms. Shimizu stated that they could apply for an Oakland-specific project, or regional project, or a statewide project. It depends on their emphasis. These applicants will work on advocacy efforts, and not technical assistance and training. Dr. Allen was concerned whether the procurement will have a statewide focus or just local projects that are patchwork throughout the state. Ms. Shimizu stated that she could not tell what will happen until the procurement is released and the applications come in. Dr, Allen asked if the procurement has to have a statewide focus. Ms. Roeseler stated that TCS is trying to have more flexibility than existed with the PPP, and to have more creativity with local projects. The

Chairperson asked for the rationale behind the decision. Ms. Shimizu stated that TCS looked at what the PPPs do really well, and that is the advocacy campaign. The area of technical assistance and training was spottier. Therefore, we wanted to peel off the technical assistance and training and give more emphasis to it in a centralized manner. The PPPs could then focus more on interventions as we would not be asking them to do too many things. We looked at progress reports and other considerations to come up with this idea. TCS has successful models of centralized technical assistance and training. Especially now with the LLAs being required to address Communities of Excellence assets, it is important to centralize the technical assistance and training component. Ms. Sanchez asked how this strategy fits under the MP given that we may not fund some priority population groups. Ms. Shimizu stated that 10-12 agencies will be funded, which is more than the seven partnerships. In addition, we also have the Priority Population Planning Grants (PPPG). TCS feels we are providing more funding for priority populations. We are not guaranteeing that everyone will be funded; we expect these grants will hit the ground running and will be ready to do the work, as compared to the PPPGs.

Ms. Boschert asked about the 10-12 local projects. With the amount of funding, an annual budget would be about $108-$115 per year. Funding will dictate how many activities a project can do in a local community. The Capacity Building Center gets $1.2 million; more than the single budget of a current PPP. PPPs added up to about $7 million. What you are doing is having the Center cover all training needs and the same level for a single PPP to address that population. The Chairperson asked if there would be a higher expectation for training. Ms. Shimizu stated that the applicant may need some consultants and subcontracts to deliver specific services to the communities. Funding is going down and we plan for the funding to continue to go down. It is less money than was set aside for the PPP procurement. Dr. Allen asked if the technical assistance portion is going down. Ms. Shimizu stated that we can afford $1.2 million for the technical assistance and training. Dr. Allen asked if this was supposed to be able to provide technical assistance and training for all projects. Ms. Shimizu stated we do not know what people will submit, but we will be asking that populations be covered.

Carlene Henriques introduced herself from the audience and applauded the restructuring. However, her concern was where does this fall into the MP. Is there scientific research to back up the path that TCS is taking? As a person of color, she is concerned that populations will not be addressed. How will TCS serve the populations? LLAs are not required to specifically work with priority populations; the only requirement is to focus on cultural competency. The Center design is not enough to address people of color in the state. Again, she stated she loves the restructuring, but these two RFAs are not the answer. The Chairperson asked Ms. Henriques to elaborate on how. Ms. Henriques stated she was not sure how to do it. She did state that we are not talking to the populations that need to be served. If some of the PPPs work well, then don't throw out the baby with the bathwater. As an LLA, she stated she has a lack of direction on working with priority populations. The way the Communities of Excellence modules are written now, we could choose just to work on developing new materials. She stated that 50 percent of the state population is priority populations.

Dr. Buchting added that we are going back to a model of looking at the problem with one population. If we fund 12 programs, the tobacco industry will target the communities that are not getting funding. If you fund Los Angeles, they will go after San Diego. We are a diverse state. We need to look at models of data from a scientific perspective. This is not what is going on at the national level.

The Chairperson asked would TCS have proposed this change if Prop 86 passed. Ms. Shimizu stated yes.

Dr. Baézconde-Garbanati asked about the Capacity Building Center. We are asking one agency to respond to technical assistance needs for every ethnic group (LGBT, low socio-economic status [SES], rural) with $1.2 million. It is mind boggling to think of an agency that could meet those needs. Maybe there are less monies. She believes in the technical assistance and training model and we learned from it. One agency with one little pot of money will be setting us up for failure. They will say they can do this, but at delivery time, will they? She is not aware of any agency in California or nationally that can address this well. She agreed that we needed a change, but does not know the right way to address the needs appropriately. We could lump the ethnic populations and have one technical assistance group to handle that. But with low SES, LGBT, and rural, the needs of rural versus urban are dramatically different. Are we setting someone up for failure? With the limited resources we have, we need to set this up for success. In the field, right now, we have some priority populations working better than others. Sometimes we are hard pressed to coordinate the activities of every one. On the record, the Hispanic/Latino Partnership is a pretty damn good one. We need to acknowledge what worked and what did not. Coordination will be difficult over all of California. It will be too hard for TCS to coordinate. With all of these pieces, she did not see anything that could coordinate all of this. We would not have been as far as we are with the smoke-free multiunit housing efforts without the PPPs; however, in some areas we were obstacles. She stated that she knows that TCS has been thinking about this for a while, but this may not be the best structure based on TEROC comments and the MP. She stated that there would be $3.9 million for 10-12 organizations. Maybe some counties can do it with that money, but there are some counties that are not addressing priority populations. She also had concerns over a January 2007 release. It is too soon and the field is not prepared. University of Southern California is competitive on grant applications, but January 22 seems awfully soon. The PPPs are ending in June, and you may be thinking this new procurement would be a bridge and I thank TCS for that. Whether this is right for California or not, we need to think about. There is lag time between June and October for the Capacity Building Center. PPPs will have to let staff go from June to October. She recommended that the January deadline be farther out for the local interventions and the April deadline for the Capacity Building Center be moved up. We need to work on what will work for California and if this is the way then we need to all buy-in. She was not sure that the communities who are affected by this have had proper input. It is the first time being brought up today. She recommended delaying the release dates and determining what is best for California. Ms. Shimizu stated that we created timelines around the release of the procurements around our existing personnel at TCS and our ability to release two procurements this winter and spring. Dr. Hildebrand-Zanki stated that if this replaces the PPPs we have not stated anywhere that it does replace them. TEROC needs a better context for the decision as to why they are being replaced. Workload should not drive the process. TCS could hire a consultant to help. What should drive the program are the needs of the people. Ms. Shimizu stated that if we delay, contracts will not start on July 1, 2007. We will then have a lag time in contracting and no one being funded during that time. Ms. Sanchez asked if anyone outside of TCS was aware of the process. TEROC could provide input. Perhaps the status quo is not as bad as a model that is not baked all the way. You cannot take the Technical Assistance Legal Center (TALC) model and say it works for delivering these services. The issues are so disparate. What is the safety net for populations not being addressed where there is so much need? This is too drastic of a change where there has not been input.

The Chairperson asked TCS to elaborate on the planning process? Ms. Shimizu stated that we did an assessment of PPPs that we currently fund. We looked at their strengths and weaknesses. We felt that the model we are proposing was a better approach to addressing priority populations. We do have experience with centralized technical assistance and training models. Our Evaluation Center is one example. Our Community Organizing contractor is another example. One agency will be responsible for these activities versus the seven that had been providing services unevenly. Dr. Hildebrand-Zanki stated that the problem is that some populations will be left out. The approach is too hit and miss. Technical assistance may be better coordinated, but programs are not going to be well coordinated with the LLAs. Ms. Boschert stated it was clear that people are glad that you are looking at this and trying to address it. There are some performance standard issues here to deal with. Centralizing is the issue along with taking a bulk of the money and putting it into smaller grants. She stated TCS should triple the funding for the Center to do the job right and work with LLAs. The configuration of the funding is her concern. How do you get our LLAs to work on this issue and provide them with technical assistance and training? Ms. Henriques stated that an advocacy campaign is not an unreasonable request for larger LLAs; some smaller LLAs would be challenged. She suggested taking the money and dumping it into technical assistance and training and making the LLAs work on diversity and priority populations. The onus should be placed on LLAs and they need to be able to work with a fully funded technical assistance and training center. Dr. Baézconde-Garbanati stated that in looking at the Local Interventions Request for Application (RFA), there was a time when this model was a great model to use and we wanted to get fresh ideas. Because funding is dwindling, we already know what works and therefore, we need the highest quality and not quantity. The bread and butter is the LLAs. We know the direction we need to go in, and they need to become a leader again. She suggested that the money be used to fund three technical assistance centers (a consortium model). Ms. Shimizu stated that TCS will take the feedback and discuss. Mr. Oliva wanted to acknowledge that putting all of the resources and responsibility for priority populations on LLAs may not be wise because all LLAs could be base funded counties in about five years given revenue declines. Dr. Allen stated that there had been no indication of a problem to TEROC. We may have been more receptive to this had we been given a heads up. He suggested delaying the process if at all possible.

Mr. Rickards stated that because this appears to be a significant change, what input has been asked of stakeholders? He assumed that the PPPs have all been asked about it. When TEROC developed the MP, it invited input from stakeholders. These stakeholders should be involved in this discussion. Ms. Shimizu stated that we brought it to TEROC first and have made phone calls with other constituencies. Ms. Roeseler stated that we are investigating with other states and looked at what the feds are doing. Colleen Stevens stated that this is a sobering time. TCS has been committed to priority populations. The Network model was developed here and then emulated nationwide. The real change happened a year ago, at a PPP call, when we asked how many technical assistance calls are you getting. A few were getting a lot, but most were not getting any.

Ms. Boschert stated that these are not the only choices. Centralizing is good, but there is not enough money. Who knows how long the small bit of money for local interventions will last. She suggested amping up the technical assistance, and think five years down the road.

Dr. Hildebrand-Zanki stated the issue is not that TCS is not doing the right thing, but what was the level of input on moving forward with these issues. You already have a draft

proposal. She suggested gathering input early from lots of folks and get them on your side before moving forward. Ms. Hagaman stated that some of the LLAs input has helped to drive this decision making.

Ms. Shimizu stated that TCS has heard the TEROC member's comments loud and clear. Ms. Henriques asked what that meant. Ms. Shimizu stated that we have to go back and talk to our boss Neal Kohatsu and amongst ourselves. Ms. Henriques asked what is the process for decision making to address the concerns from the MP. Ms. Shimizu asked how does this not fit with the MP? Ms. Sanchez stated that some priority populations may be left out, that is where this does not fit in with the MP. Ms. Shimizu stated that she was not trying to be defensive, but every procurement that TCS has put out in the last three years has been for priority populations; we have not issued a general procurement. We cannot guarantee funding for everyone.

Dr. Allen stated that there is a solution to a problem that we did not know existed. Had TEROC been prepared for this presentation in September, then we would have been on board with this. We recognize funding is a problem, but get us on board sooner. Because we do not know if this will work, we don't know if delaying it is possible. We feel out of the loop. Is there a possibility of a delay to understand it better? Ms. Roeseler asked if what Dr. Allen was saying was that TEROC wants to delay the process, knowing that the PPPs will not have funding come July 1? Dr. Allen stated that maybe TEROC needs to look at what is best for the program and if that means that we delay, then perhaps we should. Dr. Henderson recommended that discussion be part of the completion of TCS' planning process. Dr. Allen agreed and said that delaying the process should be considered as a primary option to work out what this all means to the affected parties. Dr. Henderson stated that perhaps this is part of the consideration for TCS. Dr. Hildebrand-Zanki stated that moving forward as is, is not in the interest of the communities and TEROC. This is a principled issue. TEROC did acknowledge that they are an oversight body and are not trying to micromanage.

Dr. Henderson presented a motion: TEROC request that TCS staff consider the points raised with the local interventions RFA and the Capacity Building RFA on matters of content and timing with communication with stakeholders and hear a report at the next meeting on how we moved forward or modified. Ms. Sanchez seconded the motion. TEROC members did acknowledge that they do not have ability to stop TCS. Dr. Allen suggested delaying the process is a stronger recommendation until we address all of the issues. Dr. Henderson felt uncomfortable telling TCS that. Dr. Buchting asked if it was possible to extend the PPPs or provide bridge funding? Ms. Shimizu stated that the PPP procurement does not allow for that. Mr. Rickards asked for a special additional TEROC meeting by teleconference to address this issue. Mr. Oliva said that would be very difficult given that it needs to be a public meeting.

A vote was taken on the motion and it passed unanimously, with Dr. Baézconde-Garbanati and Ms. Boschert abstaining.

Ms. Shimizu continued with the TCS report. She stated that one staff member was cut. The position had been vacant for six months prior to hiring her, and we can lose positions if they are vacant for six months. We filled it after nine months. The Department of Finance still cut the position. She did find a new home in our Cancer Control Branch. Ms. Shimizu stated that this has future implications for staffing as it is difficult to fill positions in six months.

Cathy Palmer is retiring from TCS. She leaves at the end of December (her last office day is November 30). She served in the State for 37 years.

There were 12 signed resolutions from Coalition to Protect All Californians from Tobacco (PACT) visits. It was recommended that TEROC send a letter of thanks to the legislators that signed resolutions.

TCS went through an elaborate process to plan for Prop 86 funding. Even though there is no new money, TCS will apply some of the information and findings that came from the process to improve contracting, personnel, and recruitment, and increase its focus on rural communities. TCS will shift some media dollars to rural communities. Dr. Henderson asked if the planning was still useful despite failure? Ms. Shimizu stated yes.

7. UNIVERSITY OF CALIFORNIA TOBACCO RELATED DISEASE RESEARCH PROGRAM (TRDRP) REPORT

Larry Gruder provided the TRDRP report.

Dr. Gruder provided a compendium of new awards and review committees. It is an annual publication. He stated that folks can always get more information on grants by contacting TRDRP. Staff had discussed a planning process for Prop 86 had it passed. The two tracks were passage and failure. The Scientific Advisory Committee (SAC) wanted to wait on passage. However, they will still have strategic planning. With slowly declining resources they want to still remain impactful. He will report back on the strategic planning progress. He added that he was impressed with the draft California Institute for Regenerative Medicine strategic plan and its ten-year goals and five-year milestones. They are achievable and measurable and strike a balance between general and specific. He stated that it would be used as a model with their SAC. They have not decided yet on taking public input.

The call for applications in the new cycle is now out and due in January 2007. They are using the same electronic process from last year.

Dr. Buchting is leading the planning for the biennial conference in October 2007, which will be held prior to the National Conference on Tobacco OR Health.

Dr. Gruder stated that staff activities are numerous, varied, and important. In addition to attending conferences, Dr. Buchting in particular, staff have led meetings and workshops that move various fields forward.

The Chairperson asked if the strategic planning process is for 2008 cycle? Dr. Gruder stated yes, for the Call for Applications in 2008. They intend to get the advice of the SAC and then discuss among staff. They may want to get broader input from the field. If significant changes are discussed, they might want more input. Dr. Gruder stated that he wants the SAC to think differently about the program, but he is not sure that the SAC will be enthusiastic about doing that. They may be pleased with the program as is with a few tweaks. Applications were up by 33 percent, but we funded 33 percent less applications. The concern is that folks will eventually stop applying and go elsewhere for money. We now fund important projects that get published in significant journals. We want to maintain quality, but it is difficult to do over so many diseases. It is a good time to think now of the goals. However, SAC may think otherwise.

Dr. Hildebrand-Zanki stated that people are not getting the grants they need from the Federal Government and are applying elsewhere. TRDRP will get many disenfranchised applicants. Dr. Gruder stated that there is only so much we can do, but where should we be doing that. The Chairperson suggested looking at the recent CDE Task Force recommendation process. Dr. Gruder stated that the problem is what criteria should we use to make difficult decisions? How do you decide what is more or less important to make those decisions? No matter what decision you make, someone will be mad. With firm ground to make a decision you could defend, how do you get to firm ground? Last time, we had a great solution where we prioritized areas, but still funded everything. Not sure how much longer that can happen. What can you expect to learn from one to two grants on lung cancer? If the goal is to make difference, how do you do that?

The Chairperson asked about the Director search. Dr. Gruder stated that he is still talking to potential candidates. The Chairperson asked what was the main stumbling block? Dr. Gruder said there was no main stumbling block. When we talk to people they say that there are personal reasons for not being interested such as moving, spouses, kids, cost of living, and it is not a job that everyone understands and requires explanation. We thought tripling the budget would be a help (Prop 86), but try to communicate to the target audience what the opportunity is and even when you find that person, they don't want to move. We will continue to be persistent and keep our ear to the ground. He added that they are phasing out the headhunter. Dr. Allen asked if there were applicants from California. Dr. Gruder stated some are and some are not. Unsolicited applicants see the ad, most of those are not the target person and have the expertise; some do. Then it is a matter of working with them to see if they are interested. Salary is an issue. University of California has a category lined up with little flexibility. Dr. Henderson asked if there were low cost loans for housing? Dr. Gruder stated no. The Chairperson asked why they stopped with the headhunter. Dr. Gruder stated that he had done as much as he could do to help. Dr. Baézconde-Garbanati asked what plans do you have to change the landscape; you are still acting and I assume that is a load. Dr. Gruder gave thanks to the staff for their support in making his job easier. There are still some candidates that Dr. Gruder is talking with and hopeful he can move it along. Dr. Baézconde-Garbanati asked if there was an expected timeline? Dr. Gruder said hopefully someone soon. Dr. Allen stated when Dr. Hildebrand-Zanki jumped ship, you had a tough time, and filled it, and now it is difficult again. Have you considered looking at what you are offering and the people who are interested does not match. Dr. Gruder is considering looking at new ways of managing the program, yet you still need someone in leadership role. TRDRP worked well with Dr. Hildebrand-Zanki and with other programs he managed. It is just a matter of being persistent and proactive. Dr. Baézconde-Garbanati suggested revisiting the job description because it is difficult filling a job when you are looking for someone who has a research portfolio and management skills.

8. CALIFORNIA DEPARTMENT OF EDUCATION REPORT

Greg Wolfe provided the update.

He first thanked Tonia Hagaman for providing a Communities of Excellence presentation for the TUPE coordinators. Mr. Wolfe added that CDE continues to collaborate with TCS.

Mr. Wolfe stated that CDE has been contemplating how it would address declining revenues. They moved forward with consolidated funding for schools into a single funding stream. There would be one large RFA for grades six through ten, but it would require a change in the existing law. It was placed into a proposal for the CDE government affairs office and it is on their short list of considerations. They have been there before and have not made the final cut. Mr. Wolfe stated that John Lagomarsino wants a letter from TEROC to Jack O'Connell to support the proposal.

Mr. Wolfe stated that they are entering their monitoring cycle to see how successful they are implementing health programs, and they are reviewing 54 school districts. They are reviewing these districts because they had performance indicators in which they fell into the lowest quartile. They visit the low achieving schools to see what is happening.

Master Plan Objective 2 – Eliminating Disparities. As you heard earlier from Deborah, we support the California Healthy Kids resource center and we will continue to make it a success.

Finally, CDE is releasing two procurements for 6-8 grades and 9-12 grades. In the back of the room is the sign-up sheet for reviewing grants. We welcome your participation.

Dr. Henderson asked if the 54 schools were school level? Mr. Wolfe stated that they were at the district level. These have fallen to a level where we need to conduct an on-site visit. They have the lowest quartile in at least three performance indicators. Dr. Henderson asked if they have used these criteria previously. Mr. Wolfe stated that CDE has used prevalence measures and performance measures for selecting site visits for the last three years. Where we find noncompliance, they work with them to comply until they have full compliance. The entire state is canvassed over four years. We can only go back to a school every four years. Some districts are visited every four years. The reasons might not be because the school district is not trying, but because they have high risk populations. For example, South Lake Tahoe has high needs, high risk, and high homeless populations. Dr. Henderson asked if there was a possibility of developing lessons learned from the site visits? Mr. Wolfe will take that request to the office for consideration. We do track the noncompliance on the web and make it known publicly. Unfortunately, full enforcement of tobacco free school certification is one of the highest noncompliance issues.

The Chairperson asked if anyone had a problem sending a letter of support for the funding recommendations. Hearing none, he asked Mr. Wolfe if he could work with John to craft the letter for support. Mr. Wolfe said John would help. The timeline to make decisions on the legislative proposals goes very fast.

Mr. Oliva stated that TCS is very interested in its own enabling legislation, and he wanted to check the reality of including that language in the CDE bill. Mr. Wolfe said we do not even have a vehicle for their bill. When they do, then we can talk.

9. PUBLIC QUESTIONS AND COMMENTS

Dr. Gruder stated that there is $6.5 million outstanding in the Research Account ($1.5 million in reserve and the ongoing $5.0 million that is allocated to the Cancer Registry). He wanted to point out that it should have been in his report and is still an issue for TRDRP. He welcomes any suggestion on how to solve it. The Chairperson asked what about UC's own

internal lobbying program. Dr. Gruder has worked with the UC office responsible, but so far there has been no concrete action. The Chairperson asked if it would be helpful if TEROC sent a letter. Dr. Gruder said possibly, but there might be other individuals or organizations where we can use TEROC support.

Ms. Sanchez stated she will be resigning from TEROC. It has been her absolute honor to serve on a committee that is so dedicated, intelligent, and knowledgeable. She has appreciated being associated with all of you, CDE, TCS, TRDRP. She is impressed and leaving is bittersweet. Thanks to everyone.

The meeting was adjourned at 3:32 p.m.